

## APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION PROGRAM

Authority: 1978 PA 368

A continuing education program application must be submitted prior to program date. Programs offered prior to approval will be denied.

Sponsor Name			
Sponsor Street Address			
City		State <b>MI</b>	Zip Code
Contact Person	Phone Number	Email Address	
Continuing Education Program Title			
Previous Approval Number for this Program, if any			
Program Date(s) and Location(s)			
Total Number of Hours of Course Instruction (Excluding Breaks, Meals, etc.)		Can a Board Member or Member of the Continuing Education Unit Attend the Program? <div style="text-align: center;">Yes                      No</div>	
How Many Hours of the Program are Related to Pain Management? (Applicable only to Podiatry)			
<b>SELECT THE PROFESSION(S) YOU ARE APPLYING FOR</b>			
Medicine	Programs approved by the Accreditation Council for Continuing Medical Education (ACCME), the Michigan State Medical Society (MSMS) and the American Medical Association (AMA) are automatically accepted by the Board for credit.		
Osteopathic Medicine	Programs approved by the American Osteopathic Association (AOA) are automatically accepted by the Board for credit.		
Podiatry	Programs approved by the Council on Podiatric Medical Education (CPME) are automatically accepted by the Board for credit.		
<p>All certificates should show the following for use in Michigan for continuing education credit:</p> <ul style="list-style-type: none"> <li>The name of the sponsor</li> <li>The name of the program</li> <li>The name of the attendee</li> <li>The date of the program</li> <li>The approval number</li> <li>The actual number of hours attended</li> <li>The signature of the attendance monitor</li> </ul>			

LARA/BPL-MEDCE (Rev. 2/16)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

### **Required Additional Documents**

- OUTLINE (rationale, objective, goal, schedule, content) – Include an explanation of how the program is designed to further educate the licensee, the topics, and the name of the speaker of each topic. The times of the specific topics and breaks must be indicated on the outline.
- RESUME for each speaker/instructor (limited to two pages per speaker)
- OBJECTIVES - A copy of the instructional objectives which have been developed for this program
- DESCRIPTION for the delivery method or methods to be used and the techniques that will be employed to ensure active participation.
- A brief description of the sponsoring organization.
- The name, title, and address of the program director and a description of his/her qualifications to direct this program.
- A description of how participants will be notified that CE credit has been earned. Include a copy of the certificate or other document that will be issued.
- A description of the physical facilities available to ensure a proper learning environment.
- A description of attendance monitoring procedures including sample documents and the name and title of the monitor. Please confirm that attendees are checked out when leaving and checked in upon returning. Procedures must indicate when topic changes are made and that times are officially verified.
- This application may be submitted to this office by emailing the form and required documents to [BPLData@michigan.gov](mailto:BPLData@michigan.gov)

### **CERTIFICATION AND SIGNATURE**

I hereby certify that the statements made in this application are true, complete, and correct, and the materials submitted accurately reflect the presentation and administration of this continuing education program.

If not signed and dated, your application will not be complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date